By this time the patient began to show some signs of distress by moans, and the tube was withdrawn from the stomach. After waiting half an hour, finding that the pulse did not improve, and that he continued to remain unconscious, the tube was again introduced, and the dose repeated, which was followed in a few minutes by a decided improvement of the pulse. In about half an hour from this time he vomited quite freely, after which he was placed in a carriage, though still unconscious, and removed to his house, about a mile distant. After arriving at home he did not appear to suffer any pain, and he soon fell asleep. In about three hours he awoke, having a dim perception, as he afterwards stated, of where he was. He again soon fell into a slumber, and towards morning awoke entirely conscious, and feeling very hungry. He greatly enjoyed his breakfast, and at the time of my visit, at about eight o'clock, was walking about and apparently well, and the next day he resumed his usual occupation. He says his appetite and digestion are better than they have been for months.

In treating this case, I used the tube of the stomach-pump, as he could swallow nothing, for the purpose of introducing stimulants into the stomach, rather than for the purpose of emptying it, though this was also done. The action of hydrocyanic acid being so very rapid, I had little expectation of lessening its effects by this means; but as this poison is more speedily eliminated from the system than most others, and he had already lived fifteen or twenty minutes after taking it, my design was to stimulate the almost paralyzed heart, if possible, to activity until elimination was effected. I used whiskey, as this was at hand, and, in fact, it did not occur to me in the excitement of the moment to use ammonia, though this is the stimulant most highly recommended, and doubtless may be of service in some cases. It appears to me, however, that in all cases where whiskey can be introduced into the stomach by means of a tube, or otherwise, we should expect more permanent effects than from ammonia, and consequently afford the patient a better chance for recovery.

Art. XV.—*Description of a New Self-sustaining Vaginal, Uterine, and Anal Speculum, combined, for Examinations and Operations.* By J. Stockton Hough, M. D., Resident Physician to the Philadelphia Hospital, Blockley.

This instrument is designed to serve several purposes, viz., a vaginal speculum for examinations, and also for operations; an anal speculum for examinations and operations; a speculum for uterine examinations and operations—or, in other words, three sets of blades are adapted to one mechanism, thereby serving the purpose of three or more separate instruments. The mechanism of the instrument involves the same principle as the one described in the July number of this journal, viz., parallel expansion, and expansion at apex, either separately or combined. It is particularly adapted to operations, but this modification has not in the least impaired its value or utility for all the various examinations for which a speculum is used. It is made of speculum metal, and has three sets of blades adapted to the same mechanism, which are easily and quickly attached and detached without the aid of screws, catch, or spring, and are very secure and compact when in position.

Fig. 1 represents the speculum with the largest set of blades attached. The mechanism consists of a slotted steel bar C C, upon which slide two grooved pieces B B, having a projecting shank M M, through which the screw I I works. This screw has a very quick running thread cut upon it, and requires but a few turns to separate the blades to their full extent. It is operated at its head F in the middle. There are two small screws H H (Fig. 3) attached to the end of the projections M M, which run through a slot in the end of the shank of each blade for the purpose of separating the blades at apex. The slides have a projection E E from their lower and upper edges, and are slotted (K) outwards to receive the fulcrum pin P in the blades. The lower edge of the blades is extended backwards, and forms a shank, L L, which shank passes through the slot in the bar C C, through an opening in the slides B B, and along the projections M M, which resist the pressure made at the apex of the blades. The blades consist of a single piece of metal having a projecting pin P (which forms a fulcrum of the lever), and are of the shape shown in the cuts. They have what may be called a corded edge, that they may not wound the tissues brought in contact with them. The blades are attached or detached by expanding them to their full extent, and separating them at apex, which is done by grasping the blade near the apex, and drawing it back until the slot in the shank L is liberated from the screw H; then the blade can be withdrawn from the notch K, and the slot in the bar C. The various blades are replaced by the reverse motion and manipulation. This set of blades (Fig. 1) is intended for vaginal operations. They are four inches long, and their width is regulated by an arrangement (not shown in the cut) consisting of a bar, taking the place of the upper edge of the blade, hinged at the apex, and moving up and down at base by means of a screw; this makes the blade fenestrated.

Fig. 1.

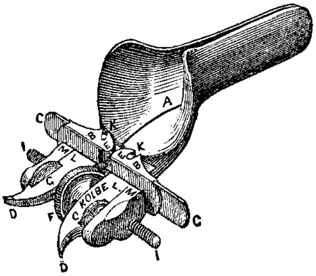


Fig. 2 represents the instrument with the blades expanded parallel, which is accomplished by simply rotating the screw I I at its head F.

Fig. 3 represents the instrument in perspective, as it appears when expanded more at apex than at base, which is accomplished by pressing the shanks D D together, and running up the nuts G G, to hold them in position. The cut is defective, as it does not show the nut G in the notch, in the shank L.

Fig. 2.

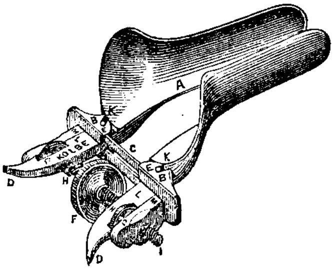


Fig. 3.

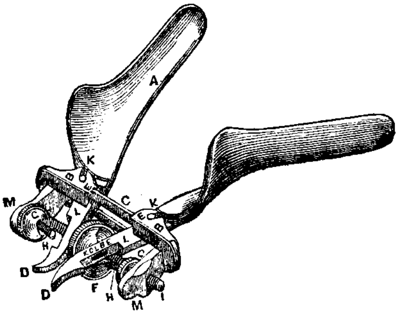
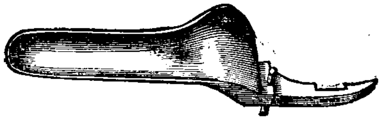


Fig. 4 represents a single blade detached from the mechanism, and is one of the set designed for *vaginal examinations* and *uterine examinations* and *operations*. For these purposes the instrument may be expanded either antero-posteriorly or laterally. The blades for making *anal examinations* and *operations* are not shown, but are much narrower than those shown in Fig. 1. The shanks are all the same. These blades are also adapted for vaginal examinations where the parts are very small, as in virgins; also in stricture of the vagina.

Fig. 4.



All of these blades, when in position and ready for introduction, have an opening along the upper edge, so that it will not be necessary to separate them to as great a distance, by the amount of the opening, as it would if they were in apposition at the time of introduction. The opening amounts to five-eighths of an inch, and does not impair the utility, nor interfere with the facility of introduction. This opening is not well shown in the cut. The instrument is introduced in such a manner that this opening between the blades will correspond to the surface of the canal to be operated upon; then it is expanded as before described.

For *uterine* examinations the blades are separated parallel or not, according to the case, and but one blade expanded at apex—that is the anterior blade, which is done by pressing with the thumb and index finger of the left hand on the shank D, and the *projection* M, on the opposite side, when the blade whose shank is pressed upon will be moved only, thereby shortening it, as compared with the other which is in the posterior cul-de-sac of the vagina. When the blades are separated, you have a free surface upon which to operate, independent of the mechanism. It is self-retaining, because of the range and expansibility, and the relative expansibility of base and apex. The mechanism is very simple, easily understood and manipulated, *compact*, and not liable to get out of order, as there are no springs or catches, or other easily disarranged parts. It is claimed for this instrument that it is superior to any of the mechanical instruments in common use for any of the purposes mentioned in this article.

The blades should be detached and placed alongside the mechanism, when it is desired to carry the instrument in the pocket. A neat leather case, or chamois bag about the size of an ordinary pocket-case, will hold the entire thing, and makes a very neat arrangement for carrying it in the pocket. This instrument, the cost of which will not exceed that of the majority of mechanical instruments designed for vaginal operations *alone*, can be obtained of Mr. Kolbé, with either, or a complete, set of blades.

Any one possessing such a range of instruments could examine a case where a speculum would be required, without being "compelled to defer his examination or operation until an instrument could be obtained adapted to the peculiarity of the case."

ART. XVI.—*A Case of Artificial Anus, resulting from Incision of Intestine in an Operation for Strangulated Inguinal Hernia; Removal of the Loop of Intestine; Ligature to destroy the Septum; Employment of a New Instrument in place of Dupuytren's Forceps, followed by a Plastic Operation to close the Orifice.* By DAVID PRINCE, M. D., of Jacksonville, Illinois. (With two wood-cuts.)

J. C. C., æt. 29, tall and slender, coloured clergyman, entered my infirmary Nov. 17, 1868. He had become in May, 1867, the subject of inguinal hernia, with the symptoms of strangulation, which continued twelve days, when a distinguished surgeon of Iowa operated upon him, leaving the patient with an adventitious anus, and the loop of intestine adherent within the scrotum. Whether the incision of the intestine was made upon the supposition that there was gangrene, or whether it was accidental, is not known. From subsequent examination, and the well-nourished condition of the patient, the seat of hernia seemed probably to be in the lower portion of the small intestine, in which the feces passed from right to left, and that the opening made by the surgeon was in the ascending portion of the loop. It follows that the feces all passed out of the abdomen into the scrotum, and, in returning into the abdomen, passed by the adventitious opening made by the operator. Much of the contents leaked out, especially when, in consequence of taking cathartics, or having a diarrhœa, they were unusually thin. The patient ordinarily wore a compress, with